



HAYS CONSOLIDATED INDEPENDENT SCHOOL DISTRICT FUND RAISING/SALES ACTIVITY APPLICATION

Munis SAF Assignment:

Campus _____ Date _____

Sponsor _____ Club Name _____

Describe the purpose of this sale _____

Describe the product or activity _____

Sale/activity location _____ Faculty usage request submitted Yes No NA

Targeted customer for product/activity _____

Start and ending date of sale/activity _____ Time of day of sale/activity _____

Vendor _____

Company Name

Representative

Phone

Have all outstanding debts from previous activities been collected? Yes No Amount Outstanding \$ _____

Estimate the following:

Approximate cost per item/activity \$ _____

Estimated profit \$ _____

Percentage profit _____

Is this sale taxable?	Yes	No
If taxable and eligible, will this sale count as one of the two tax-free sale days?	Yes	No
Is this your 1ST or 2ND tax-free sale to date?	1ST	2ND

I certify that I will exercise strict control over all products in my possession and will remit all collections on a daily basis to the secretary/bookkeeper. I further certify that I reviewed, read and signed the Acknowledgement of Rights and Responsibilities of Faculty Sponsors of Student Groups form. I will notify the Principal promptly of all outstanding debts so that appropriate action may be taken. I realize that any losses due to my failure to follow established rules and procedures may become my personal responsibility.

Submitted by _____ Reviewed by _____
Sponsor Date Bookkeeper Date

Approved by _____
Principal/Director Date

FUND RAISING RECAP

Due in Finance Department within 4 weeks of ending sale/activity date

Total deposits _____

Quantity of Inventory Received _____

Less: Total cost of sale/activity _____
(invoice)

Less: Inventory Sold _____

Net profit _____

Less: Inventory Giveaway** _____
*Explanation for Giveaway must be attached

Sponsor _____ Date _____

Inventory Remaining _____

Principal _____ Date _____

Secretary/Bookkeeper _____ Date _____